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IRAQ

**PRIMARY HEALTH
CARE PROJECT**

TECHNICAL BRIEF

A FOCUS ON TRADITIONAL BIRTH ATTENDANTS RESULTS IN SAFE DELIVERY



Photo: USAID / PHCPI

Training for TBAs on Safe Delivery

Background

Safe delivery is the enhancement of knowledge and practices of skilled birth attendants for normal childbirth with increased access to emergency obstetric care, when necessary. A skilled birth attendant is defined as a health care professional who has been educated and trained in how to manage normal (uncomplicated) pregnancies.

Skilled attendants present at birth and immediately afterwards can greatly influence the survival and health of both mothers and babies. In Iraq, 29% of deliveries take place at home with 8% of this total delivered by Traditional Birth Attendants (TBAs), also known as midwives. In Iraq, the number of skilled birth attendants increased from 1,456 to 1,911 in the public sector between 2011 and 2012. The number of TBAs increased from 927 to 1,525 during the same time period. The explosive growth of these semi-professional, under-skilled TBAs highlights a potential barrier for Iraq in achieving its United Nations Millennium Development Goals (MDGs) to reduce child mortality and improve maternal health.

Women with complications during childbirth oftentimes need access to facilities that provide instrument-assisted delivery or caesarean sections. Recent studies have shown that 65% of maternal deaths in Iraq are due to life-threatening complications (e.g., hemorrhage, eclampsia, hypertension, sepsis, or unsafe abortion), which oftentimes can be prevented using low-cost interventions.

PHCPI Activities for Safe Delivery

In partnership with the Iraqi Ministry of Health, USAID/PHCPI has pursued a two-pronged strategy to help expand the availability of safe delivery services. First, the project has targeted disadvantaged pregnant females to provide information about safe delivery. Second, PHCPI has strengthened the skills of local TBA's serving as key providers of prenatal care, safe delivery and emergency referral for women. These efforts have primarily focused on women living in rural areas with limited access to advanced medical facilities.

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Photo: USAID / PHCPI

TOT training course on the TBA Guideline in Erbil

The Iraqi Ministry of Health (MoH) has recognized that TBAs will continue to be the first point of contact for many expectant women, particularly in rural areas. Therefore, PHCPI has included the training of TBAs as a core component of its strategy for increasing access to safe delivery contributing to the goal of reducing maternal and neonatal mortality. Specifically, PHCPI has:

- Developed a database of active TBAs in the project's catchment areas.
- Developed and disseminated safe delivery guidelines (in the form of colored flip charts), protocols and training curriculum for TBAs focusing on childbirth and newborn lifesaving interventions.
- Developed Emergency Maternal, Obstetrics and Neonatal Care (EMONC) home visit guidelines and training curriculum for health providers and TBAs to provide information on basic emergency obstetric care and pre-referral case management of severe complications.
- Printed and disseminated pictograms to Primary Health Care (PHC) clinics; promoted the use of these pictograms at PHC clinics with delivery rooms.
- In collaboration with the District Health Offices and PHC Clinic Directors, the project conducted regular medical chart audits to review the management of labor and recommend specific interventions at PHCPI-targeted clinics providing delivery services.
- Distributed TBA Kits to PHC clinics with the greatest need.

Increased Access to Improved Care through PHCPI

- An increase of proper case management of pre-eclampsia, hypertension, labor and delivery, active management of the third stage of labor (AMTSL), and detection and management of serious medical conditions such as maternal sepsis and post-partum hemorrhage (the main cause of maternal death in Iraq).
- Increased number of women receiving proper antepartum and postpartum care through emergency obstetric and new born care services.
- An increase in referrals of obstetric emergencies by TBAs; improved postnatal and neonatal care.
- Increased number of referrals from PHC clinics to hospitals for high-risk pregnancies.
- Increased awareness of women about the danger signs after delivery requiring immediate hospitalization.
- Trained 138 medical and paramedical staff at 37 PHC clinics in 11 Governorates on EMONC guidelines; mentored 15 new trainers to continue the training program.
- Conducted two refresher workshops for the southern and northern regions covering referral indicators for TBAs in PHC clinics with delivery rooms.
- Mentored over 55 medical and paramedical staff to serve as new trainers of TBAs in all Governorates (security environment permitting).

PHCPI's progress in helping women gain access to skilled birth attendants and proper medical care will greatly contribute to Iraq meeting MDGs 4 & 5. Safe delivery does not only provide better health outcomes for the mother, but for the baby as well. The first month of a child's life, or the neonatal period, is often the most crucial, and the ability to be cared for by a healthy mother is unparalleled in ensuring a child's healthy upbringing.